



Benefit Focus

FY 05 Health Insurance
Open Enrollment Issue

Department of Administration, Office of Group Insurance

Boise, Idaho

April 2004

Two Plan Options for FY 05: Traditional & Preferred Provider Organization (PPO) May 1-28 Medical, Dental & Vision Open Enrollment: All Employees Must Complete Open Enrollment Form

What is Open Enrollment?

- It is the only time of the year you are able to make certain changes to your health coverage.
- The open enrollment period of May 1-28, 2004 is the only time of the year to enroll or re-enroll, in the Flexible Spending Account Program (FSA).
- It is also the only time you may change your pre or post tax premium withholding election.

A Checklist: What You Need to Do ...

✓ All employees must **complete either a new enrollment form** or a declination of benefits form. **Between May 1-28 you can enroll online, see instructions on page 5.**

✓ Review the PPO participating provider list:

www.bcidaho.com/pdirectory/index_new.asp?id=

(For a hardcopy Directory, see your Agency Human Resource Office or the Office of Group Insurance)

✓ **Choose** a Health Plan Design:

- ◇ Traditional Plan or,
- ◇ Preferred Provider Organization (PPO) Plan

✓ **Select an enrollment category** that fits your personal situation:

- ◇ Employee Only
- ◇ Employee + Spouse
- ◇ Employee + Child
- ◇ Employee + Children
- ◇ Employee + Spouse + Child
- ◇ Employee + Spouse + Children



✓ If you have previously **declined dependent dental or vision**, you may **enroll these dependents** in your plan during open enrollment.

✓ If you are enrolled in the FSA plan and wish to continue, you **must re-enroll for FY05**. If you wish to enroll **for the first time**, you must complete an enrollment application.

✓ **Information needed** to complete the Enrollment Form:

- ◇ Employee Social Security Number
- ◇ Dependents' Social Security Numbers
- ◇ Dependents' other Insurance Information

Summary of Plans

- ◆ Monthly premiums and deductibles for the PPO plan **are less** than the current FY04 Traditional insurance plan. (See Page 2)
- ◆ Employee premiums will increase 15 percent on the Traditional Plan.
- ◆ Traditional Plan Benefits are unchanged with exception of addition of wellness and well baby nursery benefits.
- ◆ New Premium Category Offered:
Employee + Spouse + Child (Page 2)
- ◆ Pharmacy Benefits are unchanged for FY05. (Page 4)
- ◆ Dental and Vision Plans are unchanged. (Page 4)
- ◆ Enhanced Wellness Benefits in both the PPO and Traditional plans. (Page 3)
- ◆ Well Baby Nursery Benefit Included in PPO Plan and the Traditional Plan. (Page 3)
- ◆ \$20 Office Visit Co-payment in PPO Plan.
- ◆ Flexible Spending Account Limit increased from \$2,500 to \$3,000. (Page 6)
- ◆ IBHP In-Patient Co-payment increased to \$15 and Outpatient Co-payment increased to \$25. (Page 4)

**Enrollment Applications Dated After May 28, 2004
Cannot Be Accepted**

**Governor's 2005 Legislative Appropriation
(Increased by \$820 Per FTP Per Year for 2005)**

\$6,205 — Health Insurance

\$193 — Dental Insurance

\$95 — EAP/IBHP

\$1.1% of Salary — Life Disability

Total: \$6,493.00 FTP/Year

\$541.08 FTP/Month



Fiscal Year 2005 Monthly Premium Rates:

The fiscal year 2005 monthly contribution rates for Employee-paid Medical, Dental and Vision coverage under the two new Plan Options — **Traditional** or **Preferred Provider Organization Plan (PPO)** — are as follows:

The State Appropriation is \$541.08 Per FTP, Per Month.

(* New rate category)

Medical, Vision, Dental	Employee Only	Employee Plus Spouse	Employee Plus Child	Employee Plus Children	* Employee Plus Spouse Plus Child	Employee Plus Spouse Plus Children
PPO Plan	\$23.00	\$59.00	\$38.00	\$53.00	\$72.00	\$80.00
Traditional Plan	\$28.50	\$70.00	\$46.00	\$63.00	\$85.00	\$95.00
Vision Plan (VSP)	\$0.00	\$2.00	\$3.00	\$3.00	\$4.00	\$6.00
Delta Dental	\$4.25	\$25.50	\$21.25	\$33.00	\$37.00	\$43.00



You Can Pay Your Monthly Health Care Premiums With Pre-Tax Dollars

The Health Plans allow you to **save money** by paying your monthly health care premiums with before tax dollars, thereby reducing your taxable income at the state and federal level. Between May 1-28, 2004, you may change your premium election from pre-tax to post-tax, or vice versa.

Benefit	State Health Insurance Plans		
	Traditional	PPO In-Network	PPO Out-of-Network
Deductible	\$350 Individual \$1,050 Family	\$250 Individual \$750 Family	\$500 Individual \$1,500 Family
Office Visit	Applied to Deductible	\$20 Co-pay (additional services subject to Deductible and Co-insurance)	Applied to Deductible
Co-insurance	80% / 20% of allowable charges	85% / 15% of allowable charges	70% / 30% of allowable charges
Out of Pocket Maximum	\$4,300 / Individual \$8,600 / Family Includes Deductible	\$3,250 / Individual \$6,750 / Family Includes Deductible	\$6,500 / Individual \$13,500 / Family Includes Deductible
Well Baby, Nursery Care	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
In Patient Hospital	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
Wellness <i>Enhanced Benefit</i>	\$250 per person annual benefit for listed procedures, not subject to deductible. After \$250, expenses subject to deductible and Co-insurance.	\$20 Office Co-pay, then 100% for listed procedures. No annual limits. Unlisted procedures are subject to deductible and Co-insurance.	Not Covered, except for screening mammography services at 70% of allowable charges subject to deductible.
Prescription Drugs (Details, Page 4)	No Change	No Change	No Change



Plans Include Enhanced Wellness Benefits

Wellness and preventative efforts by State employees and their dependents are positive ways to ultimately impact claims costs.

The **State Employee Health Insurance Survey** conducted during September 2003 identified wellness benefits as an important option to employees.

Both of the new health plans include significantly **improved wellness benefits**. Your wellness benefit will no longer be limited to the 24 or 36-month time limits and, in most cases, the dollar limit has increased.

Under the **Traditional Plan** specific wellness benefits will be allowed up to a \$250 annual per person limit with no deductible. Wellness benefits exceeding the \$250 limit will be allowed under deductible and co-insurance.

Under the **PPO Plan**, when using an in-network physician, and after a \$20 co-payment, specific benefits will be covered in full.

All other wellness benefits will be covered under the deductible and co-insurance. Additional wellness initiatives are being developed and will be announced soon.

Well Baby Nursery Care – ‘New’ for 2005

Previous state employee health plans have not included benefits for well baby nursery care. Employees responding to the *Health Insurance Survey* also identified this option as a highly desirable benefit.

The **PPO** and **Traditional Plans** now being offered to state employees include well baby nursery benefits. Your properly enrolled newborn will receive all eligible benefits for covered services.

As in the past, benefits for an ill baby, under either the **PPO** or **Traditional Plan**, will be provided.



Dual Enrollment Procedures For Spouses Working for State

When both spouses are state employees, each will enroll separately in a Health Plan.



When enrolling families, both spouses need to consider selecting the same plan, PPO or Traditional, in order to minimize out-of-pocket expenses.

Without this designation, the family could incur extra expenses as deductibles and out-of-pocket maximums only accrue toward the family aggregate for members enrolled in the same plan.

A **Preferred Provider Organization (PPO)** is a network of health care providers (Physicians, Hospitals, etc.) who have agreed to accept specific payment levels for specific services.

The PPO Plan also offers a \$20 co-payment for physician office exams with contracting physicians. Office visits to a non-contracting physician are paid by the employee and are credited against the deductible. View Provider Directory at: www.bcidaho.com/pdirectory/index_new.asp?id=

A PPO is **not** a Health Maintenance Organization (HMO) where you must select a Primary Care Physician who then manages your access to other health care providers.

Referrals are not required in a PPO plan. You may seek health care from any health care provider. However, it is to your benefit to seek care from providers

contracting with the PPO so you will have the lowest possible out-of-pocket expense.

In a PPO, you are free to select any physician and hospital you want. If your selected physician or hospital is in the PPO network, you will have a lower deductible, a higher reimbursement of expenses, and a lower annual out-of-pocket maximum.

If enrolled in a PPO and your selected health care provider is not in the PPO network, you will experience a higher deductible amount, lower reimbursement levels for expenses and a higher annual out of pocket maximum limit. Because non-contracting health care providers are

not required to accept PPO payment levels, your physician or hospital could bill you for the extra charges.

The PPO network is slightly smaller than the Traditional network, and the payments to the health care providers are also less than under the Traditional plan.

What Is a PPO Plan, and How Does It Work?

FY05 Delta Dental Benefits Summary

TREATMENT	(No Changes)	BENEFIT
Annual Deductible		\$25 per person
Annual Maximum Benefit		\$1,000 not including orthodontic benefits
Diagnostic and Preventative Services - exams and cleanings (once every six months); x-rays		70% of Allowable Charges
Basic Restorative Services (fillings and repairs)		70% of Allowable Charges
Oral Surgery, Periodontics Endodontics (root canals)		50% of Allowable Charges
Major Restorative Services (crowns, dentures, bridges, after 12-month waiting period)		50% of Allowable Charges
Dependent Orthodontia Services , after 12 month waiting period. Maximum benefit age still applies.		50% of Allowable Charges; \$1,000 Lifetime



Supplemental Life Insurance Rates Unchanged

Supplemental Life Insurance premiums will not increase in FY 2005. They will remain as follows:

Age	Monthly Premiums per \$1,000 Coverage	Age	Monthly Premiums per \$1,000 Coverage
35 and Under	\$0.08	56-60	\$0.73
36-40	\$0.11	61-65	\$0.99
41-45	\$0.16	66-70	\$1.52
46-50	\$0.26	71-75	\$2.17
51-55	\$0.41	76-80	\$3.27
		81-85	\$4.88

State of Idaho's Integrated Behavioral Health Plan (IBHP)

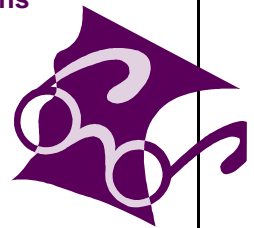
In-patient and out-patient co-payment amounts have been increased for the state's Integrated Behavioral Health Plan, provided by BPA Health, Inc. Benefits include:

- 5 EAP visits per year
- \$150 individual deductible
- \$300 family deductible
- \$25 per hour co-pay (out-patient)
- \$15 per hour co-pay (in-patient)
- Maximum 200 hours per year

Vision Benefits

Vision Service Plan
Pays up to the amounts listed

Professional Fees	
* Eye Exam , up to	\$32.00
Materials —Lenses per pair	
* Single vision , up to	\$32.00
* Bifocal , up to	\$60.00
* Trifocal , up to	\$72.00
* Lenticular , up to	\$100.00
* Frame , up to	\$30.00
Contact Lenses — Per pair (evaluation, materials and fittings only)	
* Elective , up to	\$47.00
* Medically Necessary , up to	\$100.00
Service Frequency Limitations	
• Insured may receive one (1) eye exam every twelve (12) months	
• Insured may receive one (1) pair of spectacle lenses or contact lenses every twelve (12) months	
• Insured may receive one (1) frame every twenty-four (24) months.	



Prescription Drug Benefits (Traditional & PPO Plans — No Changes)

Network and Non-Network Dispensing	Network Pharmacy Co-payments	Non-Network Pharmacy Co-payments
<ul style="list-style-type: none"> • 34-day supply per co-payment • Maintenance drugs — 2 co-payments per 90-day supply (1-34 day supply — one co-payment; 35 - 90 day supply — 2 co-payments). 	<ul style="list-style-type: none"> • Generic — \$12 • Brand Name with no generic equivalent — \$18; • Brand with generic equivalent — \$40 plus difference between brand and generic. 	<ul style="list-style-type: none"> • \$25 co-payment plus 20% of balance.



You Can Now Enroll Online!

All employees must re-enroll for medical coverage, completing an enrollment form for either the new Blue Cross of Idaho Traditional or the PPO Plan during open enrollment (May 1-28).

All applications dated after May 28, 2004, cannot be accepted.

You can now enroll online (system accessible May 1-28), but before you begin, please verify whether or not your physician is a participating provider in the *Traditional* or *PPO* plans by going to the Blue Cross of Idaho website:

www.bcidaho.com/pdirectory/index_new.asp?id=

To see if your doctor is on the list, select the plan option of your choice: **Traditional** or **PPO Plan** and follow the online instructions.

To begin the **online enrollment** process, you can access the Blue Cross of Idaho **secure enrollment system** through the State Employee Portal at:
www.employee.idaho.gov



In order to use the online program, you must be a current State of Idaho medical plan enrollee. For security purposes, all online applications will be validated against existing eligibility information.

1. Select:
Group Insurance Open Enrollment.
2. Then select: "Click Here To Enroll".
3. You will be prompted for the password:
200Idaho.
4. Once you enter the password, follow the step-by-step online instructions in the application form.
5. When you finish enrollment, you will receive **your confirmation number** which you will need to retain in a safe place for reference.

If you do not have Internet access, you may obtain a **hardcopy enrollment form** from your agency Human Resource/Payroll office. Enrollment forms may also be downloaded from the Group Insurance website.

Temporary Membership Number To Be Provided by Blue Cross of Idaho

You are eligible for coverage under your new health plan **effective July 1, 2004**. You will be receiving a welcome letter from Blue Cross of Idaho that contains important information.

In order to assure that you will be able to access benefits on July 1, 2004 please show your welcome letter that includes your membership number to your provider or pharmacy. Also, you will need to use the

following prefixes with the number, depending on which plan type you selected, traditional or PPO.

If you enrolled in the (PPO) policy, add the prefix **IDP**. If you enrolled in the Traditional policy, add the prefix **IDA**.

You should receive your Member ID card by the third week in July.

Want More Detailed Information?

More detailed information will be posted as available on the Office of Group Insurance website:

- **Detailed Summary Charts** of Plans' Benefits
- **Flexible Spending Account** enrollment form and questions and answers
- **Frequently Asked Questions and Answers** (From the statewide employee meetings)

www2.state.id.us/adm/insurance/group_index.htm

- Employee Meeting PowerPoint Slide Presentation:

www.employee.idaho.gov

If you have further questions, please contact the Office of Group Insurance at **1-800-531-0597** or **332-1860** in the greater Boise area.

Open Enrollment Resources

Office of Group Insurance: 1-800-531-0597
(Boise Area: 332-1860) ogi@adm.state.id.us
www2.state.id.us/adm/insurance/group_index.htm

**Blue Cross of Idaho Transition
(Continuing Care) Hotline:**
1-866-804-2253 (Boise Area: 331-8897)
www.bcidaho.com

Delta Dental Plan of Idaho: 344-4546 or
1-888-333-3582 www.deltadentalid.com

IBHP/EAP (Business Psychology Associates)
1-877-427-2327 (Boise Area: 343-4180)

Vision Service Plan: 1-800-877-7195

Flexible Spending Accounts:
Stanley, Hunt, DuPree, Rhine & Associates
1-800-930-2417

Flexible Spending Accounts (FSA): Two Ways to \$ave

As you may know, Open Enrollment is the **only** time of year you may enroll in the FSA, and you must **re-enroll** every year to continue an existing account. **If you are currently enrolled in the FSA and you do not complete an enrollment form by May 28, 2004, your FSA enrollment will end on June 30, 2004.** This year, the Medical Reimbursement Account has been increased to \$3,000.

Enrollment information along with Frequently Asked Questions are available on the Group Insurance website at: www2.state.id.us/adm/insurance/group_index.htm

If you want to enroll, download an enrollment form from the Group Insurance website, complete, and return it to your HR/payroll office no later than close of business on May 28, 2004.

There are two ways to save with the FSA:

Flexible Spending Accounts allow you to pay for eligible health care and dependent daycare expenses on a tax-free basis.

There are two kinds of accounts for you to choose: The **Dependent Care Account** allows you to set aside up to **\$4,992** per plan year to pay for eligible dependent daycare expenses.

The **Medical Reimbursement Account** allows you to set aside up to **\$3,000** per plan year to pay for eligible health care expenses such as:

- ◆ Deductibles, Coinsurance and Copays
- ◆ Prescription Drugs
- ◆ Over the Counter Medical Treatment Items, such as aspirin and allergy medications.
- ◆ Orthodontia and Hearing Aids

When you are completing your enrollment form, remember to carefully calculate the amount you want set aside into your Medical Reimbursement and/or Dependent Care Accounts for the coming year. **Money left in either account after the plan year claim filing period ends is lost and cannot be carried over into the next year.** If you plan carefully your savings can be substantial.



Important Health Benefit Information!

This publication presents general benefit information. In the event of any conflict between the information in this publication and the Plan provisions, the Plan documents and insurance contracts will govern.

RETURN SERVICE REQUESTED

State of Idaho
Department of Administration
Office of Group Insurance
650 West State Street, Room 100
Boise, Idaho 83720-0035



2005 Health Insurance
Open Enrollment May 1-28, 2004

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